YSLETA ISD
DENTAL PLAN
Employees are Eligible to elect Ysleta Dental if Selecting PLAN – I, II, III, IV
YSLETA ISD DENTAL PLAN

SUMMARY OF BENEFITS

- $50 Individual Annual Deductible
- Preventive  80% Deductible waived
- Basic     80% After Deductible
- Major     50% After Deductible  (One Year Waiting Period May Apply)
- Annual Maximum = $1,500 per person
- Orthodontic  50% After Annual deductible
- Orthodontic Lifetime Maximum = $1,000 per person
- Some Pre-Existing conditions may apply

⚠️ The Plan will pay for services provided by a Dentist who is legally licensed in the USA to provide these services and supplies.

YSLETA ISD PLAN

COVERED DENTAL EXPENSES

PREVENTIVE SERVICES

1. Two dental examinations per calendar year;
2. Two prophylaxis (cleaning of teeth) treatments per calendar year;
3. Two bitewing x-rays per calendar year;
4. Topical application of fluoride solutions up to the age of nineteen (19) year;

BASIC SERVICES

1. Extractions
2. Oral surgery- apicoectomies, impactions, and extractions (including alveolectomy, Alveoplasty, and tori removal in connection with extractions);
3. Local anesthesia or I.V. sedation for covered oral surgery;
4. General anesthesia when medically indicated and administered by a Physician other than the operating dentist
5. Restorative services (filling);
6. Periodontal scaling, treatment, diagnosis, and surgery;
7. Diagnostic x-ray and full mouth series of x-rays, but no more than one series per calendar year;
8. Repair or recementing of crowns, inlays, onlays, bridgework or dentures or relining of dentures;
9. Root canals;
10. Space maintainers for missing primary teeth;
11. Emergency palliative treatment;
12. Injection of antibiotic drugs by attending dentist;
13. Consultation required by the attending dentist.
MAJOR SERVICES

1. Initial fixed bridgework and dentures;
2. Replacement of bridgework or partial dentures when an additional tooth or teeth must be replaced;
3. Cast metal or ceramic materials inlays, onlays, or crown restoration;
4. Replacement or modification of existing crowns, bridgework, or dentures that: a. Are necessitated by the extraction of an additional natural tooth or teeth while covered under the Plan; b. Cannot be made serviceable and were installed more than five years before replacement or modification; or c. Are made necessary by the initial placement of an opposing denture while covered;
5. Initial fixed bridgework dentures or partial dentures replacing a tooth or teeth, all of which were extracted more than five (5) years before coverage. Twelve (12) months must have elapsed since effective Date of coverage under this Plan;
6. First installation (including adjustments during the six month period following installation of a removable denture (partial or full);
7. The existing denture is an immediate temporary denture and replacement by a permanent denture is required and done within twelve months from the date the immediate temporary denture was installed;
8. Crowns and initial installation of fixed bridgework (including inlays and crowns to form abutments).
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LIMITATIONS UNDER DENTAL EXPENSE BENEFITS

In the case of an individual (other than a dependent younger than age five) whose Dental Expense Benefits starts more than 31 days after that individual becomes eligible, the cover services received during the first year benefits are in effect, will be limited to those made necessary by an accident occurring while covered, and to preventive or basic dental services included in this list of dental services under the headings “Visits and X-rays”, “Visits and Examinations”, “X-ray and Pathology” and “Restorative Dentistry”.

EXCLUSIONS UNDER DENTAL EXPENSE BENEFITS

1. Anything not furnished by a dentist, except x-rays ordered by a dentist, and services by a licensed dental hygienist under the dentist’s supervision; anything necessary or not customary provided for dental care;
2. Services, unless payment is legally required for:
   a. Furnish by or the U.S. Government, or any other government, or
   b. To the extent provided under any governmental program or law under which the individual is, or could be, covered.
3. An appliance or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before patient was covered;
4. Root canal therapy if the pulp chamber was opened before the patient was covered;
5. A crown, gold restoration, or a denture or fixed bridge or addition of teeth to one, if the work involves a replacement or modification of a crown, gold restoration, denture or bridge installed less than five years before;

6. A denture or fixed bridge involving replacement of teeth missing before the individual was covered, unless it also replaces a tooth that is extracted while covered and such tooth was not an abutment for a denture or fixed bridge installed during the preceding five years.

7. Services due to an accident or disease covered under worker’s compensation or similar law.

8. Replacement of lost or stolen appliances; appliances or restorations or procedures for the purpose of splinting, or to alter vertical dimension or restore occlusion.

9. Orthodontics (a program to straighten teeth; treatment for temporomandibular joint problems; services for cosmetic purposes unless made necessary by an accident occurring while covered. Facings on molar crowns or pontics are always considered cosmetic.

10. Any portion of a charge for a service in excess of the reasonable and customary charge (the charge usually made by the provider when there is no coverage, not to exceed the prevailing charge in the area for dental care comparable nature, by a person of similar training and experience).

11. Expenses applied toward satisfaction of a deductible under the Dental Expense Benefits.

12. Services and Supplies provided by a Dentist located outside of the United States.
If a particular charge is covered under the Dental Expense Benefits and also under another part of any other plans for which Ysleta ISD shall have paid any part of the cost, the Dental Expense Benefit payment will be limited to the excess, if any, of the amount normally paid for that Benefit over the amount payable by all such other plans.

DEFINITIONS

• A. DENTIST. A Doctor of Dental Surgery (D.D.S.) or a Doctor of Medical Dentistry (D.M.D.) who holds a lawful license authorizing the person to practice dentistry in the locale in which the service is rendered. A Dentist’s practice must be located within the United States. Non-USA providers shall not be Eligible.

• B. ALTERNATIVE TREATMENT. There is often more than one method of satisfactory treatment for a given dental condition. If this is the case, the Covered Dental Expenses will be limited to Reasonable and Customary charges which would be appropriate for these services and supplies which are customarily employed nationwide in the treatment of the disease or injury concerned and which are recognized by the dental profession to be appropriate methods of treatment in accordance with broadly accepted national standards of dental practice, taking into account the total current oral condition of the Covered Person.

• C. EMERGENCY PALLIATIVE TREATMENT. Any dental procedures necessary to alleviate (but not cure) acute pain or temporarily alleviate (but not cure) conditions requiring the immediate attention of a Dentist to prevent irreparable harm to the Covered Person.

• D. BENEFITS PAYABLE. If, because of a non-occupational condition, a Participant, while covered for benefits under this Section, incurs Covered Expenses, this Plan will pay the Benefit Percentage of Reasonable and Customary expenses in excess of the Deductible, if applicable. The Benefit Percentage, the Deductible, and the Maximum Benefits are shown above.

• E. INCURRED DATE. The date the service is received.

• F. DEDUCTIBLE. The Deductible amount is the dollar amount of Covered Expenses, which must be paid by the Participant before reimbursement for any additional Covered Expenses can be paid. The deductible applies separately to each Participant in each calendar year, subject to the following: When covered family members satisfy their Maximum Family Deductible limit, the family deductible will be considered satisfied for all covered family members for the remainder of that calendar year.

• G. BENEFITS PERCENTAGE. The percentage of benefits payable during any one calendar year for Reasonable and Customary charges after the deductible amount is satisfied as shown above.

• H. MAXIMUM BENEFITS. Benefits paid to any Covered Person for dental expenses for Preventive, Basic and Major
I. COVERED EXPENSES. The term Covered Expense means an eligible charge actually incurred by, or on behalf of, a covered person for the charges listed below but only if the expenses are incurred while such Covered Person is covered for Dental Expense Benefits and only to the extent that the services or supplies are recommended by a physician (or dentist) and are essential for the necessary care and treatment of the dental problem suffered by the Covered Person.

J. PRE-DETERMINATION OF BENEFITS. A charge incurred by a Covered Person is eligible only when the dentist's proposed course of treatment ("Treatment Plan") has been submitted to and reviewed by the Plan Administrator, and returned to the dentist showing the estimated benefits. No Treatment Plan need be submitted if the total charges do not exceed $300 or if emergency care is required. A Treatment Plan is the dentist's report that:
1. Itemizes the dentist's recommended services,
2. Shows the dentist's charge for each service,
3. Is accompanied by supporting x-rays or other diagnostic records where required or requested by the Plan Administrator.

K. ELIGIBLE CHARGE. An Eligible Charge is one the dentist makes for a covered Preventive, Basic, Major, or Orthodontic dental service furnished, provided the service:
1. Is on the list of dental services,
2. Is part of a Treatment Plan as described above, and
3. Is not listed in the Exclusions Under Dental Expense Benefits. *If a dental service is performed that is not on the list of dental services, but the list contains one or more other services that under customary dental practices are suitable for the condition being treated, for the purpose of coverage, the listed services that the Plan Administrator determines would produce a satisfactory result will be considered to have been performed.

The amount of the eligible charge for a service is equal to the charge made by the dentist, not to exceed the maximum eligible charge applying to that service in the list of dental services.

L. INCURRED CHARGE. A charge will be considered to be incurred:
1. For an appliance or modification of an appliance - on the date the appliance is seated.
2. For a crown, bridge or gold restoration - on the date the appliance is seated.
3. For root canal therapy - on the date the pulp chamber is opened.
4. For orthodontic treatment, the date the bands or appliances are inserted;
5. For all other services - on the date the service is received.

M. ORTHODONTIC CHARGES. Covered Expense for Orthodontic Procedures necessitated by:
• a) An overbite or overjet of at least four millimeters; or
• b) Maxillary (upper) and mandibular (lower) arches in either protrusive or retrusive relation of at least one cusp; or
• c) Cross-bite; or
• d) An arch length discrepancy of more than four millimeters in either the upper or lower arch.

**N. ORTHODONTIC PROCEDURES.** Movement of teeth by means of active appliances to correct the position of mal-occluded or mal-positioned teeth. All other terms shall have the same meaning as specified in "DEFINITIONS".

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**YSLETA ISD DENTAL PLAN**

**EXTENSION OF BENEFITS**

• If the Dental Expense coverage for you or a dependent is terminated, the protection will be extended to cover charges incurred within the next 30 days for Basic Services, provided benefits would have been paid had the coverage remained in effect, and treatment was begun prior to the date of termination.

For more information call Aetna Member Services at 877-596-1457.